

PART B—ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders, and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter? See reverse for Certificate of Mailing, below.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

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DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

1. CORRESPONDENCE ADDRESS

26M1/1003
LOWE, PRICE, LEBLANC & BECKER
SUITE 300
99 CANAL CENTER PLAZA
ALEXANDRIA, VA 22314

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

☐ Check if additional changes are enclosed

APPLICATION NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND GROUP ART UNIT

DATE MAILED

First Named Applicant	08/250,791	05/27/94	034	FLYNN, N	2602	10/03/96
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TITLE OF INVENTION KOSTRESKI, BRUCE

DYNAMICALLY PROGRAMMABLE DIGITAL ENTERTAINMENT TERMINAL USING
DOWNLOADED SOFTWARE TO CONTROL BROADBAND DATA OPERATIONS

(AS AMENDED)
ATTY'S DOCKET NO.

CLASS-SUBCLASS

BATCH NO.

APPLN. TYPE

SMALL ENTITY

FEE DUE

DATE DUE

680-083

3. Correspondence address change (Complete only if there is a change)

Lowe, Price, LeBlanc & Becker
99 Canal Center Plaza, Suite 300
Alexandria, VA 22314

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents

OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

BELL ATLANTIC

(2) ADDRESS: (CITY & STATE OR COUNTRY) Arlington, VIRGINIA

A. ☐ This application is NOT assigned.

☒ Assignment previously submitted to the Patent and Trademark Office.

☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

6a. The following fees are enclosed:

☐ Issue Fee ☐ Advance Order - # of Copies

6b. The following fees should be charged to:

DEPOSIT ACCOUNT NUMBER 12-2237

(ENCLOSE A COPY OF THIS FORM)

☒ Issue Fee ☐ Advance Order - # of Copies

☒ Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Leon R. Turkevich, Reg. #34,035 12/27/96

NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

Certificate of Mailing

Note: If this certificate of mailing is used, it can only be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE
Assistant Commissioner for Patents
Washington, D.C. 20231

820 TL 12-2237 01/14/97 08250721
82330 142 1,290.00EH

on: (Date)

(Name of person making deposit)

(Signature)

(Date)

1. TRANSMIT THIS FORM WITH FEE